L050000022105

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
special instructions to Filling Officer.
Special Instructions to Filing Officer:
•
·
LOS 2105
Office Use Only



000071545520

06/06/06--01051--011 **20.00

04/24/06--01028--025 **35.00

SECRETARY OF STATE

APPROVED

COVER LETTER

TO: Registration Section Division of Corporations		
	ROPERTIES LLC. ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:	
RONALD M. PET	95LEJ	
ARDEE PROPERTIES	is UC.	
1648 TAYLOR RD #301 (Address)		
PONT DNANGE (City/State and Zip Code)	FC. 32128	
For further information concerning this matter, please call:		
RANALD M. PEASLYK, SU, 445-0533		
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (8/05)	A2000 DIFFERENT	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LIMITED LIABILITY COMPANY

2. The mailing address of the limited liability company is: 1648 TAYLOR.

10740 # 30/ PORT ORAN GG FC, 32/28

1-06-05

2. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
Name
1515 North FOD Huy #350
Address
BOCA LATON FL. 33437
City, State and Zip

6. The name and address of the new registered agent and/or office:

Name
1648 TAYLOR RO#381

Florida street address (P.O. Box NOT acceptable)

FL ORAGE FL 33

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

RONALD M. PLMSLEY

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this duringe.

(Signature of Registered Agent)

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00